## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/5185

| CLAIMS AS FILED - PART I |  |  |  |                        |                       |                                       |                    | SMALL ENTITY TYPE   |                        | OP      | OTHER THAN SMALL ENTITY |                        |
|--------------------------|--|--|--|------------------------|-----------------------|---------------------------------------|--------------------|---------------------|------------------------|---------|-------------------------|------------------------|
|                          |  |  | (Column                                    | n 1)                   | 1 (                   | (Column 2)                            |                    |                     | <u> </u>               | OR<br>7 | SMALL                   | ENTITY                 |
| U.S                      | S. NATIONAL S                                  | STAGE FEES   |  |                        |                       |                                       | ֡֡֞֝֡֓֞֜֡֡֡֡֡֓֜֜֡֡ | RATE                | FEE                    |         | RATE                    | FEE                    |
| BAS                      | SIC FEE  | Θ  | SMALL ENT.                                 |                        |                       | GE ENT. = \$ 300                      |                    | BASIC FEE           |                        | OR      | BASIC FEE               | 300                    |
| EXAMINATION FEE          |  |  | Satisfies PCT Ar<br>(4) = \$50             |                        |                       | ther situations = 5 100 / \$ 200      |                    | EXAM. FEE           |                        |         | EXAM. FEE               | 200                    |
| SEARCH FEE               |  |  | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | untries =              | Ali ot                | ther situations = 5 250 / \$ 500 / \$ |                    | SEARCH FEE          |                        |         | SEARCH FEE              | 400                    |
| FEE                      | FOR EXTRA S                                    | SPEC. PGS.   | minı                                       | us 100 =               | ·                     | / 50 =                                |                    | X \$ 125 =          |                        |         | X \$ 250 =              |                        |
| тот                      | TAL CHARGEAE                                   | BLE CLAIMS   | 19 mir                                     | nus 20 =               | *                     |                                       |                    | X \$ 25 =           |                        | OR      | X·\$ 50 =               |                        |
| INDE                     | EPENDENT CL                                    | AIMS   | 4 m  | ninus 3 =              |                       | /                                     |                    | X \$ 100 =          |                        | OR      | X \$ 200 =              | 200                    |
| MUL                      | TIPLE DEPENI                                   | DENT CLAIM PRE   | ESENT                                      |                        |                       | . 🔲                                   |                    | + \$ 180 =          |                        | OR      | + \$ 360 =              |                        |
| * If                     | the difference                                 | e in column 1 is l   | less than zero                             | , enter "(             | 0" in co              | lumn 2                                |                    | TOTAL               |                        | OR      | TOTAL                   | 1180                   |
|                          |  | CLAIMS AS A  | AMENDED                                    | (Column 2) (Column 3)  |                       |                                       | • 1                | SMALL E             | NTITY                  | OR      | OTHER<br>SMALL E        |                        |
| NT A                     |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                |  | PREVIO                 | MBER                  | PRESENT<br>EXTRA                      |                    | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                | Total  | *  | Minus                                      | **                     |                       | =                                     |                    | X \$ 25 =           |                        | OR      | X \$ 50 =               | •                      |
| AMEN                     | Independent                                    | *  | Minus                                      | ***                    |                       | =                                     |                    | X \$ 100 =          |                        | OR      | X \$ 200 =              |                        |
|                          | FIRST PRES                                     | SENTATION OF M   | ULTIPLE DEPE                               | ENDENT                 | CLAIM                 |                                       |                    | + \$ 180 =          |                        | OR      | + \$ 360 =              |                        |
|                          |  |  |  |                        |                       |                                       |                    | TOTAL ADDIT.<br>FEE |                        | OR      | TOTAL ADDIT.<br>FEE     |                        |
|                          |  | (Column 1)   |  | (Colun                 | mn 2)                 | (Column 3)                            |                    |                     |                        | ı       | · <del></del> -         |                        |
| 4TB                      |  | CLAIMS REMAINING AFTER AMENDMENT   |  | HIGH<br>NUME<br>PREVIO | IEST<br>IBER<br>OUSLY | PRESENT                               |                    | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
| DME                      | Total  | *  | Minus                                      | **                     |                       | =                                     |                    | X \$ 25 =           |                        | OR      | X \$ 50 =               |                        |
| AMENDMENT B              | Independent                                    | •  | Minus                                      | ***                    |                       | =                                     |                    | X \$ 100 =          |                        | OR      | X \$ 200 =              |                        |
|                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                        |                       |                                       |                    | + \$ 180 =          |                        | OR      | + \$ 360 =              | ·                      |
|                          |  |  |  |                        |                       |                                       | •                  | TOTAL ADDIT.<br>FEE |                        | OR      | TOTAL ADDIT.<br>FEE     |                        |
| ** 1                     | If the "Highest Nur                            | ımn 1 is less than the<br>ımber Previously Paid<br>ımber Previously Paid | d For" IN THIS SPA                         | PACE is less           | s than '20            | )', enter "20".                       |                    |                     |                        |         |                         |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 02/2005)